REQUEST FOR ISSUANCE OF CIVIL AIR PATROL FORM 75	
	hereby applies for issuance of a CAP Motor Vehicle Operator 75, and furnishes the following information:
Name	Unit
Date of Birth	SSN
•	Exp DateState
Restrictions	
Estimated Miles Driven per Yea	ar
AUTHORIZATION TO DRIVE	THE FOLLOWING TYPES OF VEHICLES IS REQUESTED:
{ } Sedan { } Truck (ton/or GVW) may require CDL { } Van { } Other (tug, etc.)	
DEFENSIVE DRIVING COURSE COMPLETED Date	
obtain any background informat federal or local). I have read and fully understan	s to use my social security number or other personal data to tion on me from any person, corporation or agency (state, d CAP rules and regulations governing the use of CAP owned 7-1, and agree to abide by said rules and regulations.
Signature	
Printed Name	•
I the undersigned, being the leg hereby, and without recourse, g subject to the rules and regular	tive permission for him/her to operate Civil Air Patrol vehicles
SECTION III	
I hereby certify that I have ver	ified the information for the applicants drivers license. The he vehicles checked in Section I. I recommend a CAP Form 75, fication Card, be issued.
DateSigna	sture